



4-H District 1
Teen Retreat



Rebuild and Retreat

Darrell E. Fenner 4-H Camp at Loon Lake
Friday – Sunday May 1-3, 2009

NAME: _____

ADDRESS: _____

PHONE: _____ COUNTY _____

PARENT'S NAME(S): _____

DOB _____ AGE _____ EMAIL _____

CHAPERONE'S NAME: _____

GENDER: M F

Deadline: APRIL 23rd, 2009 Cost: \$10.00 per teen
Chaperones stay FREE!

Make Checks Payable to:
Mail Fee, Registration and Medical
Release to:

RAVALLI COUNTY 4-H COUNCIL
District One Key Leader
Heather Hudson
808 Airport Road
Stevensville, Mt. 59870

You must be 13 years old by MAY 1, 2009 to attend.

If you have any questions, please contact

District Key Leader:

Heather Hudson at 406-240-6419 hhudson@lonerockschool.org or

Ravalli County Key Leader:

Terry Halstead at 406-240-2878 or halsteadter@cs.com

Please be sure to fill out & return the attached
Medical Release Form.

4-H HEALTH INFORMATION

Participant's Name	Parents or Guardians Names:	Phone: Home Work : Mom or Cell: Dad
Emergency contact:	Relationship:	Phone:
Physician to contact:		Phone:
Medical Insurance?	Company:	#s:

Medical Condition	Medication	Dosage	Frequency	Physician
List any allergies or drug reactions:				
Describe any dietary restrictions:				
Describe any physical restrictions:				
Does child wear contact lenses?				

In case of medical emergency, I hereby give permission to the physician selected by the retreat chaperones to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. In case of minor emergency, I hereby give permission for the retreat chaperones to administer first aid.

I give permission for the retreat chaperones to administer non prescription medications to my child (check all that apply):
 _____ Acetaminophen (Tylenol), _____ Ibuprofen (Advil), _____ cough syrup, _____ antacid (Tums, Mylanta),
 _____ Antihistamine (for allergic reaction)

Date and Signature of parent or legal guardian:

Montana State University, Ravalli County Extension Service
 CONSENT TO PARTICIPATE

Description of Event: DISTRICT ONE TEEN RETREAT

This three day event held at Darrell Fenner Loon Lake 4-H Camp provides a variety of interactive games, campfire, workshops, community service project, and dance. Teens will sleep in the main lodge at the camp, boys upstairs, girls downstairs. Transportation to and from the retreat will be provided by private vehicle carpools arranged within each participating county. All participants are covered by minimal accident insurance en route to and from and during the retreat. This insurance is only in effect if an adult is present in the vehicle.

Consent: We, as parents of this minor child, acknowledge that we are aware of and understand the risks and hazards connected with the event and activities listed above. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the District One Key Leader, Heather Hudson at 240-6419 or Terry Halstead at 240-2878 or hhudson@lonerockschool.org or halsteadter@cs.com We further understand that we are assuming the risks of loss, property damage or personal injury that may be sustained by our child as a result of participating in this event. I hereby consent to my child's participation in this event.

Date and Signature of parent or legal guardian: